



GENERATOR'S WASTE PROFILE

A. GENERATOR INFORMATION

1. Generator Name(s): _____			
2. Facility Address (site of waste generation): _____			
City: _____	County: _____	State: _____	Zip: _____
3. Generator Contact Name and Title: _____			
4. Phone: (____) _____ - _____	5. Fax: (____) _____ - _____		
6. Email address: _____			

B. TRANSPORTER INFORMATION

1. Transporter Name: _____			
2. Address: _____			
City: _____	County: _____	State: _____	Zip: _____
3. Transporter Contact Name and Title: _____			
4. Phone: (____) _____ - _____	5. Fax: (____) _____ - _____		
6. Email address: _____			

C. BILLING INFORMATION

1. Customer Name: _____			
2. Address: _____			
City: _____	County: _____	State: _____	Zip: _____
3. Transporter Contact Name and Title: _____			
4. Phone: (____) _____ - _____	5. Fax: (____) _____ - _____		
6. Email address: _____			

D. WASTE STREAM INFORMATION

1. Common Name of Waste: _____
2. Please provide a detailed description of how this waste was generated, including a process flow diagram if the waste is a process waste.



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D. WASTE STREAM INFORMATION (continued)

	Yes	No
3. Is this waste to be solidified by the Authority prior to disposal into the landfill?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the attached analytical data derived from testing a representative sample of this waste?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is this waste an exempted waste or delisted "Hazardous Waste"? If yes, please provide the citation (attach any supporting documentation).	<input type="checkbox"/>	<input type="checkbox"/>
6. Is this a "Hazardous Waste" as defined by law or regulations of the State of Michigan (Part 111 of the Natural Resources and Environmental Protection Act)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does this waste exhibit any of the reactivity characteristics as defined by Part 111 Rule 299.9212(3)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does this waste contain Polychlorinated Biphenyls (PCBs)?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does this waste contain Friable Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does this waste contain non-Friable Asbestos?	<input type="checkbox"/>	<input type="checkbox"/>
11. Does this waste contain any RCRA herbicides or pesticides?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you generate any regulated "Hazardous Waste"? If yes, do you have documented procedures to prevent "Hazardous Waste" from being mixed with this waste?	<input type="checkbox"/>	<input type="checkbox"/>

E. PHYSICAL CHARACTERISTICS OF THE WASTE

1. Color(s)	2. Does this waste have a strong incidental odor? Yes* <input type="checkbox"/> No <input type="checkbox"/>	
<i>*If yes, describe:</i>		
3. Physical State at 70 °F (21 °C): <input type="checkbox"/> Solid <input type="checkbox"/> Semi-Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Powder <input type="checkbox"/> Other*		
<i>*Specify if Other:</i>		
4. Does this waste contain any free liquids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Number of TCLP samples analyzed by laboratory:		
6. Liquid pH*: <input type="checkbox"/> < 2.0 <input type="checkbox"/> 7.0 - 10.0 <i>*Specify Range:</i>		
<i>(required if more than one TCLP sample)</i>		
<input type="checkbox"/> 2.0 - 4.0 <input type="checkbox"/> 10.0 - 12.5		
<input type="checkbox"/> 4.0 - 7.0 <input type="checkbox"/> > 12.5		
<input type="checkbox"/> 7.0 <input type="checkbox"/> Not Applicable		
7. Flash Point*: <input type="checkbox"/> < 140.0 °F (60.0 °C) <input type="checkbox"/> 140.0 °F (60.0 °C) <input type="checkbox"/> > 140.0 °F (60.0 °C)		
<i>*Specify Range (required if more than one TCLP sample):</i>		

F. SOLVENTS OR PAINTS

1. What solvents, if any, are in use and for what purpose? _____
2. If this waste is from a Paint Spray Booth please provide a detailed description of how the spray guns are cleaned and what is done with that waste: _____
3. After a paint line/spray gun is cleaned, is the new paint purged through and disposed of separately? Explain: _____



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G. SHIPPING INFORMATION

1. Estimated Quantity: _____	2. Frequency of Shipment:
<input type="checkbox"/> Cubic Yards	<input type="checkbox"/> One Time
<input type="checkbox"/> Tons	<input type="checkbox"/> Daily
<input type="checkbox"/> Drums	<input type="checkbox"/> Monthly
<input type="checkbox"/> Gallons	<input type="checkbox"/> Annually
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

II. EMERGENCY RESPONSE INFORMATION

1. Emergency response contact:	Name: _____
	Title: _____
	Employer: _____
	Phone 1: () - _____
	Phone 2: () - _____
2. Special handling instructions and spill clean-up procedures:	

I. NON-HAZARDOUS CERTIFICATION

Generator and/or generator's authorized representative certifies that all information submitted in this and all attached documents is complete and accurate, that all known or suspected hazards have been disclosed, and that this waste is classified non-hazardous according to U.S. EPA and Michigan DEQ Statutes and Regulations. The Montmorency-Oscoda-Alpena Solid Waste Management Authority (Authority) may disclose this information: i) as may be necessary to provide disposal services ii) upon request of regulatory body, or iii) as may be required by law. Generator acknowledges Authority's reliance upon this certification.

_____/_____/_____
 Generator's Authorized Signature and Date

 Printed Name

 Employer

 Approved

 Disapproved

 Landfill Representative Signature

 Date